## TELEPHONE CONFERENCE REGISTRATION FORM



**OCTOBER** 26. 2005 12-1 PM CENTRAL **SAVING TIME** 

## TO REGISTER COMPLETE THE INFORMATION BELOW AND FAX TO 414-224-5265

or visit our website www.mpres.org

PLEASE PRINT CLEARLY!

SITE COO	ORDINATOR
The site of card after address p	coordinator is responsible for duplicating the handouts for all participants at the site and returning the feedback the presentation. Dial-in information and a passcode for accessing the handouts on-line will be emailed to the provided several days prior to the broadcast. If you have a computer available during the broadcast to view the ion in color, it will be available online 2 days prior to the event.
CLINIC S	ITE
ADDRESS	
CITY	STATE ZIP
PHONE _	FAX
EMAIL _	
	I DO NOT HAVE ACCESS TO E-MAIL. MAIL HARDCOPY OF MATERIALS TO ABOVE ADDRESS. (registrations must be received by October 17th to receive materials)
REGISTR	ATION FEE
	No charge – Title X funded site in Arkansas, Illinois, Indiana, Louisiana, Michigan, Minnesota, New Mexico, Ohio, Oklahoma, Texas or Wisconsin



**ALL OTHERS** 

OR

Please bill me for \$20

**REGISTRATION DEADLINE: OCTOBER 24, 2005** 

Mail registration and check to the address below

\$20 check payable to MPRES is enclosed

316 N. Milwaukee Street, Suite 440, Milwaukee, WI 53202 www.mpres.org